C-2 Rev. 7/97



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Mailing Address Check if sakes change. City and Zip Work Prone	Section I								. <u> </u>
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Matthe Addres 2823 S. TS LAND DIVE With Place 2823 S. TS LAND DIVE Section II TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from An	7.71	<i>7</i> 1 1 <i>1</i>	n/						
Section II TYPE OF REPORT Through Let / 3/ 2003 Through Let / 3/ 2003				ge. City	and Zip		Hom	e Phone	Work Phone
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30 Day Post-Primary Report	instructional manua	l for reporting	g periods and du	iled, fill in e dates.	the approp	oriate dates:			
Gotober 10 Pre-General Report	☐ 7 Day Pre	-Primary Re	port	□ 7 Day	Pre-Genera	ıl Report			
Cotober 10 Pre-General Report Manual Report Statis a Termination Report? Mes No	□ 30 Day P	ost-Primary F	Report	□ 30 Da	y Post-Gene	eral Report		•	• •
Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. I hereby ccrtify that I have received no contributions and have made no expenditures during this reporting period from	☐ October 10 Pre-General Report								
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. I hereby ccriffy that I have received no contributions and have made no expenditures during this reporting period from	Is this l	Report an am	endment?	Yes 🗆 N	lo	ls this	a Term	ination Report?	Yes 🗆 No
the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.	Section III		STATEMENT (OF NO C	ONTRIBU	TIONS OF	EXPE	NDITURES	
Section IV To reach your Calendar Year to Date figure: Add this report's Column 1 figures to the Column II figures of your previous report (except on line 6). Line 1: Cash on Hand January 1, This Year* Line 2: Enter Cash Balance at Close of Last Reporting Period** Line 3: Total Contributions (Enter amount from page 2) Line 4: Subtotal (Add lines 1, 2 and 3) Line 5: Total Expenditures (Enter amount from page 2) Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** *This same figure should be entered on line 1 of all reports filed this calendar year. **You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand. Section V CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES Contributions Pledged during this reporting period but not yet received: Enon Section V CERTIFICATION Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fas: (208) 334-2282 Signature of Political Treasurer Signature of Political Treasurer	the appropriate date Section IV.	s and sign this	ls report. Be sure I have received r	e to carry no contrib	forward the utions and h	appropriat	e "Calei	ndar Year to Date	" figures in Column II,
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Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83770 Boise ID 83720-0080 fax: (208) 334-2282 Section VI CERTIFICATION I Rhon A R KREN , hereby certify that the information correct Campaign Financial Disclosure Report as required by law. Signature of Political Treasurer	Contributions P	ledged during	this reporting p	eriod but	not yet rece	ived: 🔀	None .	□\$	_ (see attached Schedule C-2A
Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282 Section VI CERTIFICATION I Rhonda KOFN , hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law. Signature of Political Treasurer	Incurred Expend	ditures durin	g this reporting p	eriod but	not yet paid	d: 55 1	None		FT 6
Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282 I Rhonda Rhome of Folikical Pressure [ame of Folikical Pressure] Signature of Political Treasurer		Sa	tion VI			CHEST CHEST	0.000	21	S <u>C</u> ₹
Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282 I Rhonda KDEN, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law. Signature of Political Treasurer	Renum This Dans		LIVE VI			CERTIFIC	CATIO	'IN	57/1
Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282 In this report is a true, complete and correct Campaign Financial Disclosure Report as required by law. Signature of Political Treasurer			1 2	Chand	aD .	VAEN		hamby	
Boise ID 83720-0080 required by law. fax: (208) 334-2282 Signature of Political Treasurer	Į.				area and a contract of				
fax: (208) 334-2282 Reference of Political Treasurer Signature of Political Treasurer					rue, complé	te and corre	ect Cam	paign Financial I	Disclosure Report as
Signature of Political Treasurer	1		required	by law.		^		_	
	mx: (208) 334-23	482				Rhous	40	Krea	23
Page 1				_	Sign	ature of Po	litical T	reasurer	
					Page 1	-			

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From Jac / / to Dec / 31/ 03
UNITEM Contributions of	MIZED CONTRIBUTIONS f Fifty Dollars (\$50.00) or Less This Period
Total Number	Total Amount \$ \$
UNITE Expenditures of Less	EMIZED EXPENDITURES Than Twenty-Five Dollars (\$25.00) This Period
Total Number <u>#</u>	Total Amount S &

	ŀ	Total This Period
Number of Schodule A pages Attached		
Contributions		
Uniternized Contributions (\$50 and less) from top of page	\$	A
Itemized Contributions (total all Schedule A sheets)	\$	-D-
Total Contributions (also enter this figure on page 1, Section IV, linc 3)	\$	D
/_ Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	s	- - 2
Itemized Expenditures (total all Schedule B sheets)	s	190.07
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	s	190.07

FAX NO.: 4664871

SCHEDULE B ITEMIZED EXPENDITURES

Page of

of Twenty-Five Dollars (\$25.00) or more this period

		Column A	Column B
Date	Fuli Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
81.03	Renae J. Hoff 120 9th Avenue, South 120 9th Avenue 12	s_190.64	s
Purpose of Above Exp	penditure: Repayment for bran to he	r compaign	-
		\$	s
Purpose of Above Exp	enditure:	<u> </u>	<u>.l</u>
3.			
		\$	s
Purpose of Above Exp	enditure:		
4.		s	\$
Purpose of Above Exp	enditure:		<u></u>
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